

Annual Indiana Immunization Conference Registration Form

Cost: Free

Time: *8:30am - 4:30pm

*Registration begins at 7:30am along with a light continental breakfast.

Please indicate the location of the conference you will be attending:

_____ Monday, October 6, 2008
Holiday Inn
505 Marriott Street Clarksville

_____ Thursday, October 9, 2008
Hilton Garden Inn
53995 State Road 933 South Bend

E-mail or fax registration form below by Friday, September 19, 2008 to:

jiking@isdh.in.gov or FAX: 317-233-9245

Name: _____

VFC PIN (if applicable): _____

Place of employment: _____

Address: _____

City: _____ ZIP: _____

Phone: _____ FAX#: _____

attending: _____

E-mail: _____

